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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000077878 (5)**

1. Corporation Name
NEW PORT RICHEY FLORIDA BLIMPEX CORP.

Principal Place of Business	Mailing Address
% UNITED CORPORATE SERVICES INC 801 NE 167TH ST SUITE 300 NORTH MIAMI BEACH FL 33162	P. O. BOX 888305 DUNWOODY GA 30356-0305 US

3. Date Incorporated or Qualified: 11/10/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21):
2a. Mailing Address (26): P.O. BOX 888287

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28): DUNWOODY, GA

Zip (24): Country (25):
Zip (29): 30356-0287 Country (30): US

4. FEI Number: 58-2080662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC
801 NE 167TH ST
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DIRECTOR/PRESIDENT	☐ Change ☒ Addition
NAME	BARR, RAY A		1.2 NAME	DAVID L. SIEGEL	
STREET ADDRESS	10 BANK ST		1.3 STREET ADDRESS	740 BROADWAY	
CITY-ST-ZIP	WHITE PLAINS NY 10606		1.4 CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SKUBICKI, MARK		2.2 NAME		
STREET ADDRESS	10 BANK ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY 10606		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POMPEO, PATRICK		3.2 NAME		
STREET ADDRESS	740 BROADWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	4.1 TITLE	VP/SECRETARY/DIRECTOR	☐ Change ☒ Addition
NAME	LEANESS, CHARLES		4.2 NAME	CHARLES G. LEANESS	
STREET ADDRESS	740 BROADWAY		4.3 STREET ADDRESS	740 BROADWAY	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE	TV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SITKOFF, ROBERT		5.2 NAME		
STREET ADDRESS	1775 THE EXCHANGE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: ROBERT SITKOFF 4/22/97 770-984-2707